



# Sexual Harassment Complaint Form

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Marion McLean CNO Nurses 24/7 fax number 973 689 2749 or email @ mmclean@nurses247.com. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: <http://ny.gov/programs/combating-sexual-harassment-workplace>

## COMPLAINANT INFORMATION

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Select Preferred Communication Method: **Email Phone In person**

## SUPERVISORY INFORMATION

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## COMPLAINT INFORMATION

### 1. Your complaint of Sexual Harassment is made about:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to you: **Supervisor Subordinate Co-Worker Other**



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